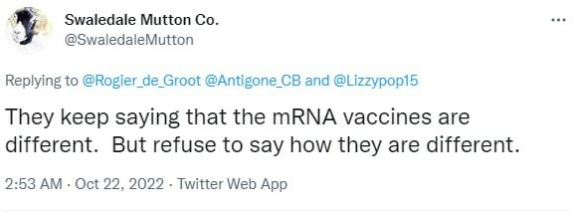
Yes, mRNA vaccines are different. Here's why.

Dr Ah Kahn Syed
Oct 26, 2022

Our famous "viral immunologist" and nudger-in-chief on twitter, Dr Graham Bottley, put out this tweet this week using his apparent business account (which we have covered previously).

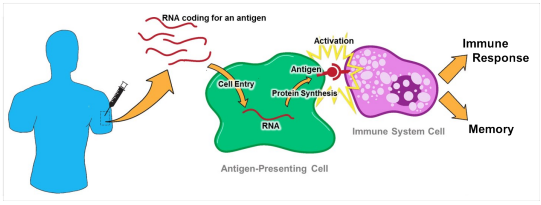


It was a pretty straightforward challenge, and - unlike Graham's tweets - every point made below is referenced with sources.

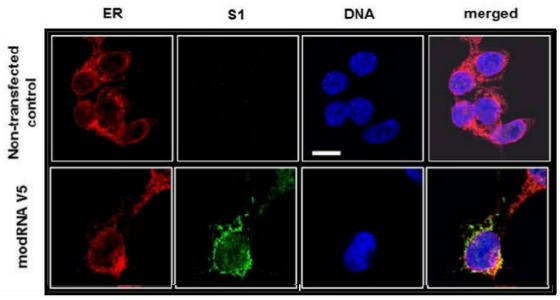
How are mRNA vaccines different from traditional vaccines? Here's the list

(1) they contain mRNA, not protein or inactivated virus. RNA is an active molecule that is used to hijack the protein making machinery of your cells and produce foreign protein. There is no off switch built into this process.

Figure 1: RNA Vaccine Technology



(2) they contain LNPs (lipid nanoparticles) which are transfectants and transport those RNAs into the cells of the recipient in order to do this. Lipid transfectants are designed to get DNA into cell nuclei. There is no mechanism to stop this happening with RNA. The definitive test to show whether RNA is entering the nucleus is RNA-ISH, which was not performed by the sponsor or regulator. Instead the regulator approved the product despite being given this confocal image in the investigator brochure showing spike protein (green) in the nucleus (blue).



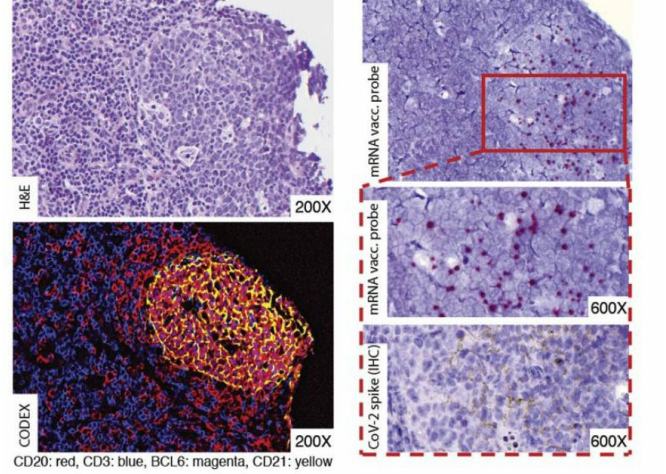
(3) they distribute to and accumulate in the the ovaries and express RNA there, with unknown consequences, and are the only vaccine linked to widespread menstrual disorders.

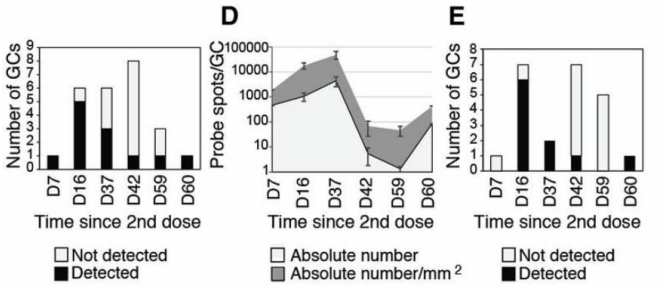
Table 4-2. Mean concentration of radioactivity (sexes combined) in tissue and blood following a single IM dose of 50 µg mRNA/rat

Sample	Total Lipid Concentration (µg lipid equiv/g (or mL))						
	0.25 min	1 h	2 h	4 h	8 h	24 h	48 h
Adipose tissue	0.057	0.100	0.126	0.128	0.093	0.084	0.181
Adrenal glands	0.27	1.48	2.72	2.89	6.80	13.77	18.21
Bladder	0.041	0.130	0.146	0.167	0.148	0.247	0.365
Bone (femur)	0.091	0.195	0.266	0.276	0.340	0.342	0.687
Bone marrow (femur)	0.48	0.96	1.24	1.24	1.84	2.49	3.77
Brain	0.045	0.100	0.138	0.115	0.073	0.069	0.068
Eyes	0.010	0.035	0.052	0.067	0.059	0.091	0.112
Heart	0.28	1.03	1.40	0.99	0.79	0.45	0.55
Injection site	128.3	393.8	311.2	338.0	212.8	194.9	164.9
Kidneys	0.39	1.16	2.05	0.92	0.59	0.43	0.42
Large intestine	0.013	0.048	0.09	0.29	0.65	1.10	1.34
Liver	0.74	4.62	10.97	16.55	26.54	19.24	24.29
Lung	0.49	1.21	1.83	1.50	1.15	1.04	1.09
Lymph node (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.366
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.26
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253
Small intestine	0.030	0.221	0.476	0.879	1.279	1.302	1.472
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112
Spleen	0.33	2.47	7.73	10.30	22.09	20.08	23.35
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215
Testes (males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.000
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456
Whole blood	1.97	4.37	5.40	3.05	1.31	0.91	0.42
Plasma	3.96	8.13	8.90	6.50	2.36	1.78	0.81
Blood:plasma ratio	0.815	0.515	0.550	0.510	0.555	0.530	0.540

(4) they are found in lymph nodes still active at least 2 months later with the inevitable risk of T-cell and NK cell exhaustion. In other words, they don't just act at the time of injection. There is no way to remove them until they eventually degenerate.

https://pubmed.ncbi.nlm.nih.gov/35148837/





(5) the protein they produce for over 2 months interferes with p53 activity leaving the cells they transfect at risk of HRD-driven (homologous recombination deficient) cancers. Discussed at length previously:

Arkmedic's blog

Welcome to Gilead

TLDR: A paper was published in October showing how the mRNA vaccines could massively impact ovarian and breast cancer risk. Two scientists linked to the NIH and Pharma conspired to remove it from publication - putting a generation of women at risk. Some information came to me from a colleague in the last few days that has cemented everything I have come…

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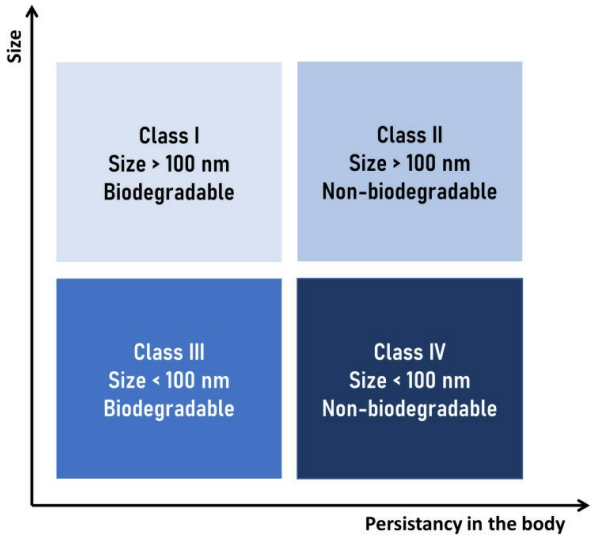
(6) The LNPs have their own toxicity profile in addition to the RNA component



(7) The RNA sequences contain oncomirs, microRNAs which have been shown to be carcinogenic. Because they don't contain RNA, traditional vaccines don't contain oncomirs.

Quantum Mirna Assessment Bnt162b2
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(8) the proteins produced by the LNP-mRNA have not been sequenced or identified as being the proteins intended, as opposed to recombinant vaccines in which the proteins have to be assessed by the regulators as pure.

D22 5167274 Foi 3604 S24a Decision Letter Redacted
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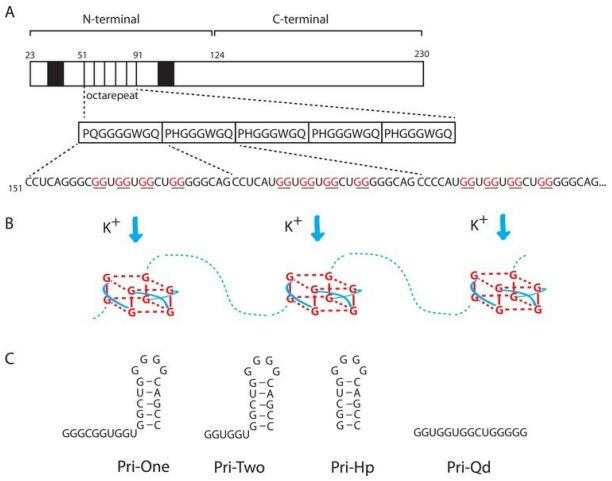
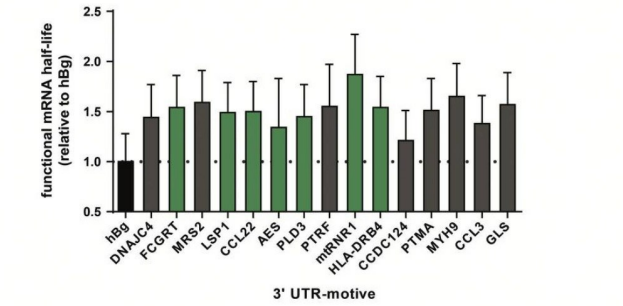
(9) COVID mRNA vaccine sequences contain g-quadruplexes that can interact with Glycine zipper fragments

and produce prions. No other vaccines do this. These interactions can occur in or around the cell nucleus where the proteins are produced in the vicinity of the mRNA that is still present. Not one regulatory body has assessed this risk.



(10) the 3'UTR of the mRNA (part of the backbone in which the RNA sequence was inserted) was only tested in mice by Ugur Sahin's group in 2019 and never tested in humans prior to a global rollout of the vaccine which used it.



(11) the 3'UTR (essentially a biological adjuvant) contains sequences of human RNA coding for a tumour suppressor (AES) and ribosomal RNA. Traditional vaccines (the ones that work) don't have human RNA in them. It is completely unknown as to the consequences of using this adjuvant in humans because there was no separate study performed in humans to assess it.

WHO
International Nonproprietary Names Programme

9/2020

sig	S glycoprotein signal peptide (extended leader sequence), which guides translocation of the nascent polypeptide chain into the endoplasmic reticulum.	55-102
S protein_mut	Codon-optimized sequence encoding full-length SARS-CoV-2 spike (S) glycoprotein containing mutations K986P and V987P to ensure the S glycoprotein remains in an antigenically optimal pre-fusion conformation; stop codons: 3874-3879 (underlined)	103-3879
3'-UTR	The 3' untranslated region comprises two sequence elements derived from the amino-terminal enhancer of split (AES) mRNA and the mitochondrial encoded 12S ribosomal RNA to confer RNA stability and high total protein expression.	3880-4174
poly(A)	A 110-nucleotide poly(A)-tail consisting of a stretch of 30 adenosine residues, followed by a 10-nucleotide linker sequence and another 70 adenosine residues.	4175-4284

(12) the possibility that the immune system might react against the human RNA (or other constituents, or the cells infected by the RNA) in the vaccine means that there is a risk of severe and intractable autoimmune disease arising as a result of using this RNA. Lupus and other autoimmune diseases have already been reported in relation to COVID-19 vaccination

Review > Immunology. 2022 Apr;165(4):386-401. doi: 10.1111/imm.13443. Epub 2022 Jan 7.

New-onset autoimmune phenomena post-COVID-19 vaccination

Yue Chen [1 2], Zhiwei Xu [3], Peng Wang [4], Xiao-Mei Li [5], Zong-Wen Shuai [6], Dong-Qing Ye [1 2], Hai-Feng Pan [1 2]

Affiliations + expand

PMID: 34957554 DOI: 10.1111/imm.13443

(13) The risk of myocarditis, thrombosis and death far exceeds all previous vaccines according to VAERS, DAEN and the yellow card scheme

Rose Vaers
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(14) Many other vaccines (apart from those for influenza and dengue) have positive efficacy, which means they prevent disease (i.e. they "work"). The COVID mRNA vaccines have *negative* efficacy (which means people who get them are *more* likely to get the infection they are meant to prevent).
The UKHSA were so embarrassed by the *negative* efficacy of the COVID vaccines they stopped reporting on it in April 2022.

	Cases reported by specimen date between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022)	
	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000)[1,2]
Under 18	1,454.0	1,711.7
18 to 29	3,118.8	941.6
30 to 39	4,324.7	1,085.6
40 to 49	3,957.8	955.3
50 to 59	3,303.4	779.8
60 to 69	2,814.9	572.8
70 to 79	2,161.5	532.1
80 or over	2,023.7	775.6

Yes, these are the actual case rates per 100,000 people in each group reported by the UKHSA in Week 13 of the vaccine surveillance report. The report was such an embarrassment that they stopped reporting these case rates.

(15) The vaccine study conducted by Pfizer (C4591001) that claimed to reduce infection rate by 95% was so plagued by misconduct that a case is currently underway in the USA to ascertain fraud in this trial. The real world data is so bad that it is not possible that the trial showed genuinely reduced infection rates. Any normal vaccine manufacturer would have been investigated for fraud under these circumstances.

(16) Traditional vaccines don't kill people from metallic contamination (yes this happened with the mRNA vaccine, and was known about by the regulators - three deaths in Japan, all of whom were young people)

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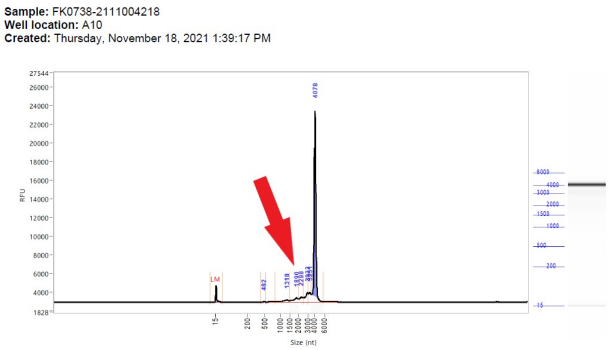
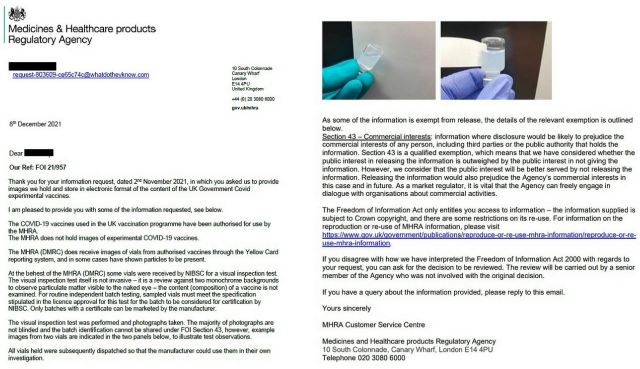
(17) Traditional vaccines have to pass rigorous analysis to ensure the purity of the product. Because the regulators don't understand mRNA they have no idea whether bumps on an agilent 5200 analysis are additional RNA contaminants or degradation products. The fact that these products were never sequenced suggests that they don't want to know.




Medicines & Healthcare products Regulatory Agency

8th December 2021

Dear [redacted]

Our Ref: FOI 21/957

Thank you for your information request, dated 2nd November 2021, in which you asked us to provide images we hold and store in electronic format of the content of the UK Government Covid experimental vaccine.

I am pleased to provide you with some of the information requested, see below.

The COVID-19 vaccines used in the UK vaccination programme have been authorised for use by the MHRA.
The MHRA does not hold images of experimental COVID-19 vaccines.

The MHRA (DMRC) does receive images of vials from authorised vaccines through the Yellow Card reporting system, and in some cases have shown particles to be present.

At the behest of the MHRA (DMRC) some vials were received by NIBSC for a visual inspection test. The visual inspection test itself is not invasive – it is a review against two monochrome backgrounds to observe particulate matter visible to the naked eye – the content (composition) of a vaccine is not examined. For routine independent batch testing, sampled vials must meet the specification stipulated in the licence approval for this test for the batch to be considered for certification by NIBSC. Only batches with a certificate can be marketed by the manufacturer.

The visual inspection test was performed and photographs taken. The majority of photographs are not blinded and the batch identification cannot be shared under FOI Section 43, however, example images from two vials are indicated in the two panels below, to illustrate test observations.

All vials held were subsequently dispatched so that the manufacturer could use them in their own investigation.

As some of the information is exempt from release, the details of the relevant exemption is outlined below.
Section 43 – Commercial interests: information where disclosure would be likely to prejudice the commercial interests of any person, including third parties or the public authority that holds the information. Section 43 is a qualified exemption, which means that we have considered whether the public interest in releasing the information is outweighed by the public interest in not giving the information. However, we consider that the public interest will be better served by not releasing the information. Releasing the information would also prejudice the Agency's commercial interests in this case and in future. As a market regulator, it is vital that the Agency can freely engage in dialogue with organisations about commercial activities.

The Freedom of Information Act only entitles you access to information – the information supplied is subject to Crown copyright, and there are some restrictions on its re-use. For information on the reproduction or re-use of MHRA information, please visit https://www.gov.uk/government/publications/reproduce-or-re-use-mhra-information/reproduce-or-re-use-mhra-information.

If you disagree with how we have interpreted the Freedom of Information Act 2000 with regards to your request, you can ask for the decision to be reviewed. The review will be carried out by a senior member of the Agency who was not involved with the original decision.

If you have a query about the information provided, please reply to this email.

Yours sincerely

MHRA Customer Service Centre

Medicines and Healthcare products Regulatory Agency
10 South Colonnade, Canary Wharf, London E14 4PU
Telephone 020 3080 6000

Yes this actually happened. The MHRA responded to a FOI about quality assessment of the vaccines by showing samples held up against card.

(18) Traditional vaccines only comprise the products shown in the product disclosure statement. mRNA vaccines use your body's own cells to create proteins but there are multiple reasons why those proteins might not be what was designed. Because of RNA instability, degradation and the use of pseudo-uridine in the mRNA it is not possible to predict the proteins that will be produced (along with the Spike protein intended).

Differencesinvaccineandsars Cov 2replicationderivedmrna Implicationsforcellbiologyandfuturedisease 11 24 21
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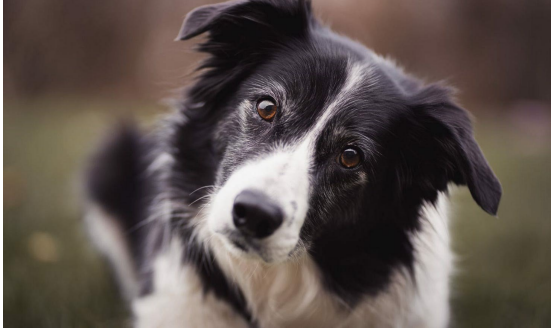
There are likely to be additions to this list but this should do for now.

In the meantime here's a lovely picture of a sheepdog. This sheepdog is real, as opposed to Graham's sheepdog. Graham doesn't have a sheepdog.



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Deb HawthorneOct 26, 2022*·edited Oct 26, 2022* Liked by Dr Ah Kahn Syed

This is excellent!! One of the hardest questions for me to answer when attacked by family and friends was how these vaccines are any different from all the other ones we have taken. I used to just answer they are experimental and it's new technology. This reply always fell on deaf ears.

This is the informed consent information everyone should have had access to before deciding to agree to be experimented on!!

Thank you so much for putting this paper together. I will be sharing with many!!!

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5 replies

Conway JudgeWrites Mr medic's marvelous misinforma…Oct 26, 2022 Liked by Dr Ah Kahn Syed

Bloody hell, how can that guy be a doctor and still not see the blindingly obvious differences in the technologies. The risks both known and unknown associated with intracellular therapies. The bio-distribution difficulties associated with nonlipids and intramuscular injection. The ability to cross barriers traditionally not at risk of being breached. The uncontrollable dosage being produced which will vary widely from person to person.

Is he really a doctor and immunologist?

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9 replies by Dr Ah Kahn Syed and others

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